

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

NAMED INVENTOR OR APPLICATION IDENTIFIER: Chester G. Nelson et al.
Title: Network Communications Arrangement for IMD Programming Units

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Commissioner of Patents, Washington, D.C. 20231, *EXPRESS No. EL799065675US, on this 23rd day of October, 2001.

Molly Chlebeck
Printed Name Molly Chlebeck
Signature

Commissioner for Patents
BOX PATENT APPLICATION
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- X Patent Application Transmittal
X Specification:
Total pages: 12 (including claims and abstract: Spec. 8 sheets; Claims 3 sheets; Abstract 1
X Drawings:

Total sheets: 1
☐ formal ☒ informal

Combined Declaration and Power of Attorney:

- ☒ newly executed
☐ copy from prior application
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

Accompanying application parts:

- ☐ Notification of filing a
☒ Assignment of the Invention to Medtronic, Inc.
☒ Assignment cover sheet
☒ Information Disclosure Statement
☒ PTO Form 1449
☒ Copies of IDS citations
☐ Preliminary Amendment
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
X Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
of prior application No. _____ / _____.
☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation
☐ division ☐ continuation in part of application number _____, filed _____.
☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)
☐ The prior application is assigned of record to Medtronic, Inc.
☐ The Power of Attorney in the prior application is to: _____.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

☒ Address all future correspondence to: Beth L. McMahon, Reg. No. 41,987

Medtronic, Inc., MS 301
7000 Central Avenue NE
Minneapolis, Minnesota 55432
Telephone: (763)514-3066

FEE	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
CALCULATION					
Total Claims	20	20	= 0	x 18	0.00
Independent Claims	2	3	= 0	x 84	0.00
Multiple Dependent Claims				+ 270	
Basic Filing Fee					\$740.00
TOTAL					\$740.00

Charge Deposit Account No. 13-2546 the sum of \$740.00 (Filing Fee) and \$40.00 for Assignment recordation fee for a total of **\$780.00.**

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

Oct 23, 2001

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